

EXHIBIT S

T

NE-O-10

Page No. 69

06/12/95

ID NE-O-10

INV

DATE	TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
04/25/94	W	00075135001	HP ACTHAR GEL 80 USP 5 ML	N	5.00	32.22
04/25/94	W	00517040125	ATROPINE SULFATE .4MG 1ML VIAL	N	25.00	5.35
04/25/94	W	00472001699	AUROTO OTIC SOLUTION	N	15.00	1.35
04/25/94	W	51079060520	CEPHALEXIN 500 MG	N	100.00	19.45
04/25/94	W	00081019892	CORTISPORIN OTIC SUSPENSION (POLYMYXIN B	I	10.00	14.42
04/25/94	W	00054817425	DEXAMETHA 1.0MG TAB 1C	N	100.00	18.99
04/25/94	W	00007365021	DYAZIDE	I	100.00	33.22
04/25/94	W	00548201600	EPINEPHRINE INJECTION USP 1:10,000	N	25.00	32.16
04/25/94	W	00517560125	HYDROXYZINE HCL 50MG 1ML VIAL	N	25.00	5.61
04/25/94	W	00009005604	MEDROL 4 MG CT	I	21.00	9.31
04/25/94	W	00641149535	PROMETHAZINE HYDROCHLORIDE INJECTION USP	N	25.00	9.39

T T

T

INVOICE TOTAL 181.47 ✓

03/31/94	M	00074158603	5% SODIUM CHL INJ	N	1 500.00	12.00	15.06
03/31/94	M	00074797408	GLYCINE 3000ML	N	1 3000.00	4.00	34.21
03/31/94	M	00074797307	WATER 2000ML FLEX	N	1 2000.00	6.00	32.03
03/31/94	M	00074797208	SOD CHL IRRG FLEX	N	1 3000.00	4.00	26.72
03/31/94	M	00074798437	SODIUM CHL 0.9% INJ LIFECARE 100MLFILL	N	80.00		135.31
03/31/94	M	00074798302	0.9% SOD CHL LC	N	1 200.00	34.00	17.27
03/31/94	M	00074798309	0.9% SOD CHL LC	N	1 100	12.00	14.26
03/31/94	M	00074798509	0.45% SOD CHL LC	N	1 100	12.00	15.25
03/31/94	M	00074792609	5% DEX-1/2 SOD LC	N	1 100	12.00	17.08
03/31/94	M	00074790209	DEX SOD 20MEQ KCL	N	1 100	12.00	22.67
03/31/94	M	00074794109	5% DEX .9% SOD LC	N	1 100	12.00	17.40
03/31/94	M	00074792209	5% DEXTROSE LC	N	1 100	12.00	16.01
03/31/94	M	00074792202	5% DEXTROSE LC	N	1 100	24.00	17.84
03/31/94	M	00074792909	5% DEX AND LRS LC	N	1 100	12.00	19.22
03/31/94	M	00074795309	LACTATED RINGERS	N	1 100	12.00	17.48
03/31/94	M	00074796509	NORMOSOL-M DEX LC	N	1 100	12.00	26.28
03/31/94	M	00074159002	STERILE WATER INJ	N	1 250.00	12.00	11.94
03/31/94	M	00074793132	LIDOON 0.4% 250ML	N	1 250.00	12.00	94.14

T T

T

INVOICE TOTAL 550.17 ✓

PHARMACY TOTAL 731.64 ✓

T - Traced to invoice and each ID number, date, invoice type, drug name and quantity was correct unless changed. 6-14-95 CBL

✓ - Verified math accuracy of invoice total and amounts agreed.

6-14-95 CBL
6-15-95 SJC

Enclosure C

Confidential

Pharmacy Information Form

Pharmacy Name: Box Butte General Hospital

Address: 2101 Box Butte Ave

Alliance, Ne 69301

Phone Number: (308) 762-3327

Contact Person: Sue Boike, R.R.

Type of Pharmacy
(Check Appropriate Block(s))

Independent Retail Pharmacy

Chain (four or more stores) Pharmacy

Other:

Nursing Home Pharmacy

Hospital Outpatient Pharmacy

Home I.V. Pharmacy

Mail Order Pharmacy

County Public Health Unit Pharmacy

Public Health Entity

Inpatient Hospital Pharmacy



ABE

COLO

Add a "0" to
all NDC's

B

5 H033194 HOSPITAL PRODUCTS DIVISION
ABBOTT LABORATORIES
FARMERS BRANCH TX 75244

DUPLICATE

PAGE

1

INVOICE DATE	INVOI							
03/31/94	643	CUSTOMER NO.						
SOLD TO	1475042							
BOX BUTTE GEN HOSP/PHCY OWEN HLTHCR 4704/BX 810 2101 BOX BUTTE AVENUE ALLIANCE NE 69301		NET 30	033194	PURCHASE ORDER NO.	ORD.LOC	ORDER DATE	M.C.	
		PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING		CUSTOMER NO.	CLASS	DEA REG. NO.	TERRITORY	
		REFERENCE NO.	74782852-01A	14750426	M026	AB7062146	MBU03	
		ISSUE DATE	03/31/94	SHIP TO				
		SHIP LOC.						
		AUC						

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRIC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	UNIT PRICE	M	EXTENSION
1	"	1	12/500	0074- 1586-03	03	5% SODIUM CHL INJ		F295173265BE		15.060		15.06
		C 1	84511DM									
2		2	4/3000	0074- 7974-08	08	GLYCINE 3000ML		F295173265BE		34.210		68.42
		C 2	86023JT									
3		1	6/2000	0074- 7973-07	07	WATER 2000ML FLEX		F295173265BE		32.030		32.03
		C 1	82611JT									
4		2	4/3000	0074- 7972-08	08	SOD CHL IRRG FLEX		F295173265BE		26.720		53.44
		C 2	85248JT									
5		1	CS/80	0074- 7984-37	37	0.9% SODCHL 100ML		F295173265BE		135.310		135.31
		C 1	86908JT									
6		1	24/250	0074- 7983-02	62	0.9% SOD CHL LC		F295173265BE		17.270		17.27
		C 1	86930JT									
7		1	12/1M	0074- 7983-09	39	0.9% SOD CHL LC		F295173265BE		14.260		14.26
		C 1	85290JT									
8		1	12/1M	0074- 7985-09	39	0.45% SOD CHL LC		F295173265BE		15.250		15.25
		C 1	86002JT									
9		2	12/1M	0074- 7926-09	39	5% DEX-1/2 SOD LC		F295173265BE		17.080		34.16
		C 2	86988JT									
10		1	12/1M	0074- 7902-09	39	DEX SOD 20MEQ KCL		F295173265BE		22.670		22.67
		C 1	86974JT									
11		1	12/1M	0074- 7941-09	39	5% DEX .9% SOD LC		F295173265BE		17.400		17.40
		C 1	85291JT									
12		1	12/1M	0074- 7922-09	39	5% DEXTROSE LC		F295173265BE		16.010		16.01
		C 1	85309JT									
13		1	24/250	0074- 7922-02	62	5% DEXTROSE LC		F295173265BE		17.840		17.84

ies, of North Chicago, Illinois, hereby certifies that the articles covered by this invoice are not adulterated or misbranded under the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of state or municipal law, in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles subject to regulation under the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice. This certificate is given under the provisions of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, as introduced into interstate commerce, and certifies that the products covered by this invoice have been produced in compliance with the applicable Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE REMIT
PAYMENT TO:

IC2C

ABBOTT LABORATORIES
P.O. BOX 92679

CHICAGO, IL 60675-2679



ABBOTT LABORATORIES

Health Care World Wide

COLORADO WHOLESALE LICENSE NO. W-35 H 033194
FEDERAL I.D. NO. 36-069-8440

HOSPITAL PRODUCTS DIVISION

ABBOTT LABORATORIES

FARMERS BRANCH TX 75240

DUPPLICATE

PAGE 1

THANK YOU FOR YOUR ORDER

INVOICE DATE 03/31/94	INVOICE NUMBER 64301715	T.C. 04	TERMS 1% 15 DAYS NET 30	PURCHASE ORDER NO. 033194	ORD. LOC. DAL	ORDER DATE 03/31/94	M. C. 1B
CUSTOMER NO. 14750426 CLASS M026 DEA REG. NO. AB7062146				CUSTOMER NO. 14750426	CLASS M026	DEA REG. NO. AB7062146	TERRIOTRY MBU03
S O L D T O	BOX BUTTE GEN HOSP/PHCY OWEN HLTHCR 4704/BX 810 2101 BOX BUTTE AVENUE ALLIANCE NE 69301	PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING REFERENCE NO. 74782852-01A ISSUE DATE 03/31/94 SHIP LOC. AUC		S H I P T O	BOX BUTTE GEN HOSP/PHCY OWEN HLTHCR 4704/BX 810 2101 BOX BUTTE AVENUE ALLIANCE NE 69301		

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRIC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	UNIT PRICE	M	EXTENSION
1	"	1	12/500	0074- 1586-03	03	5% SODIUM CHL INJ		F295173265BE		15.060		15.06
	C	1	84511DM									
2		2	4/3000	0074- 7974-08	08	GLYCINE 3000ML		F295173265BE		34.210		68.42
	C	2	86023JT									
3		1	6/2000	0074- 7973-07	07	WATER 2000ML FLEX		F295173265BE		32.030		32.03
	C	1	82611JT									
4		2	4/3000	0074- 7972-08	08	SOD CHL IRRG FLEX		F295173265BE		26.720		53.44
	C	2	85248JT									
5	CS/80	1	0074- 7984-37	37	0.9% SODCHL 100ML		F295173265BE			135.310		135.31
	C	1	86908JT									
6		1	24/250	0074- 7983-02	62	0.9% SOD CHL LC		F295173265BE		17.270		17.27
	C	1	86930JT									
7		1	12/1M	0074- 7983-09	39	0.9% SOD CHL LC		F295173265BE		14.260		14.26
	C	1	85290JT									
8		1	12/1M	0074- 7985-09	39	0.45% SOD CHL LC		F295173265BE		15.250		15.25
	C	1	86002JT									
9		2	12/1M	0074- 7926-09	39	5% DEX-1/2 SOD LC		F295173265BE		17.080		34.16
	C	2	86988JT									
10		1	12/1M	0074- 7902-09	39	DEX SOD 20MEQ KCL		F295173265BE		22.670		22.67
	C	1	86974JT									
11		1	12/1M	0074- 7941-09	39	5% DEX .9% SOD LC		F295173265BE		17.400		17.40
	C	1	85291JT									
12		1	12/1M	0074- 7922-09	39	5% DEXTROSE LC		F295173265BE		16.010		16.01
	C	1	85309JT									
13		1	24/250	0074- 7922-02	62	5% DEXTROSE LC		F295173265BE		17.840		17.84

ries, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded under the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of any state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which would violate the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, if introduced into interstate commerce. The manufacturer certifies that the products covered by this invoice have been produced in compliance with the applicable Federal Food, Drug and Cosmetic Act of 1938, as amended, and regulations issued thereunder.

**PLEASE REMIT
PAYMENT TO**

114

ABBOTT LABORATORIES
P.O. BOX 92679

CHICAGO, IL 60675-2679



ABBOTT LABORATORIES

Health Care World Wide

COLORADO WHOLESALE LICENSE NO. W-35 H033194
FEDERAL I.D. NO. 36-069-8440

HOSPITAL PRODUCTS DIVISION

ABBOTT LABORATORIES

THANK YOU FOR YOUR ORDER

DUPLICATE

PAGE 2

END

FARMERS BRANCH TX 75244

PURCHASE ORDER NO.

ORD. LOC.

ORDER DATE

M.C.

INVOICE DATE	INVOICE NUMBER	T.C.	TERMS						
03/31/94	64301715	04	1% 15 DAYS NET 30						
				033194					

SOLD TO	CUSTOMER NO.	CLASS	DEA REG. NO.	PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING	SHIPPING TO	CUSTOMER NO.	CLASS	DEA REG. NO.	TERRIOTY
	14750426	M026	AB7062146	REFERENCE NO.		14750426	M026	AB7062146	MBU03
				74782852-01A					
				ISSUE DATE					
				03/31/94					
				SHIP LOC.					
				AUC					

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRIC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	UNIT PRICE	M	EXTENSION
14		2	C 1	86015JT						19.22C		38.44
		2	12/1M	0074- 7929-09	39	5% DEX AND LRS LC		F295173265BE				
15		2	C 2	86009JT						17.48C		34.96
		2	12/1M	0074- 7953-09	39	LACTATED RINGERS		F295173265BE				
16		1	C 2	85294JT						26.28C		26.28
		1	12/1M	0074- 7965-09	39	NORMOSOL-M DEX LC		F295173265BE				
17		2	C 1	83929FW						11.94C		23.88
		2	12/250	0074- 1590-02	02	STERILE WATER INJ		F295173265BE				
18		1	C 2	84528DM						120.35C		120.35
		1	3/40	0074- 4612-04	04	EXTENT CONNECT		F295173265BE				
19		1	C 1	83257H1						81.67C		81.67
		1	2/60	0074- 5396-02	02	SHORT LUER MALE		F295173265BE				
21		1	C 1	80243H1						94.14C		94.14
		1	12/250	0074- 7931-32	32	LIDOON 0.4% 250ML		F295173265BE				
		1	C 1	81157FJ								
20		FOLLOWING ITEM(S) SCHEDULED TO BE SHIPPED								SUBTOTAL		
		1	CS/12	0074- 7809-22	22	DOPMN 400MG 250ML				TOTAL		
		MAUREEN		308-762-3327								
		SHIPPED VIA:	NEBRASKA TRANSPTECO			NEBT						
EMS		00										

Abbott Laboratories, of North Chicago, Illinois, hereby certifies that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of any state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those of the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles within the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, as introduced into interstate commerce, certifies that the products covered by this invoice have been produced in compliance with the applicable Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE REMIT PAYMENT TO:

1C2C

ABBOTT LABORATORIES
P.O. BOX 92679

CHICAGO, IL 60675-2679

PRINTED ON RECYCLED PAPER

T

NC-O-4

Page No. 5
05/23/95

ID NC-O-04

INV						
DATE	TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
07/19/94	M	00074978903	LIPOSYN II 20%	I	12.00	108.54
07/19/94	M	00074109005	AMINSYN 2 10 1000	I	6.00	56.10
07/19/94	M	00074799009	STERILE WATER LC	N	12.00	9.84
07/19/94	M	00074711807	STER WATER BULK	N	6.00	9.84
07/19/94	M	00074798309	0.9% SOD CHL LC	N	12.00	9.74
07/19/94	M	00074978603	LIPOSYN II 10%	I	12.00	59.09
07/19/94	M	00074196607	SOD CHL INJ 30ML	N	100.00	4.50
07/19/94	M	00074108803	AMINSYN 2 8.5 500	I	12.00	51.98

T T

T

T
INVOICE TOTAL

309.63

07/15/94 W 00186183935 MVI PEDICATRIC MULTIVITAMINS FOR INFUSIO
 07/15/94 W 00469138003 PEDTRACE 4 3ML IN 6.5ML SDVIAL
 07/15/94 W 39769005310 SELE-PAK 40MCG/ML

T T

T

T
INVOICE TOTAL

222.24

PHARMACY TOTAL

531.87

T- Traced to invoice and each ID number, date, invoice type, drug name and quantity was correct unless changed.

5-24-95 CSY

✓- Verified math accuracy of invoices' totals and amounts agreed.

5-24-95 CSY

6 - 16 95 DR



ABBOTT LABORATORIES

Case 1:01-cv-12257-PBS Document 6183-21 Filed 06/26/09 Page 8 of 23

Health Care World Wide
 COLORADO WHOLESALE LICENSE NO. W-35
 FEDERAL I.D. NO. 36-069-8440

THANK YOU FOR YOUR ORDER

HOMECARE DIVISION

ABBOTT LABORATORIES
 STONE MOUNTAIN GA 30083

DUPLICATE

PAGE 1
 END

INVOICE DATE	INVOICE NUMBER	T.C.	TERMS		PURCHASE ORDER NO.	ORD. LOC.	ORDER DATE	M.C.
07/19/94	I6100949	15	1% 15 DAYS, NET 90 FROM DOI		9380	ATL	07/15/94	1B
CUSTOMER NO. CLASS DEA REG. NO.				CUSTOMER NO. CLASS DEA REG. NO.	TERRITORY			
SOLD TO	11429198	P040	PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING		429198	P040	AHK03	
HEALTHINFUSION INC SUITE 200 3363 VILLAGE DRIVE FAYETTEVILLE NC 28304				REFERENCE NO.	75229095-01A	SHIP TO	HEALTHINFUSION INC SUITE 200 3363 VILLAGE DRIVE FAYETTEVILLE NC 28304	
				ISSUE DATE	07/18/94	SHIP LOC.		
				SHIP LOC.	RNC			

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRIC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	EXTENSION
1		2	12/500 C 2	00074- 9789-03 89364DE	03	LIPOSYN II 20%		0000125529		217.08
2		3	6X1000 C 3	00074- 1090-05 88906DM	05	AMINSYN 2 10 1000		0000125529		168.30
4		1	12/1M C 1	00074- 7990-09 88548FW	39	STERILE WATER LC		0000125529		9.84
5		3	CS/6 C 3	00074- 7118-07 88005FJ	07	STER WATER BULK		0000125529		29.52
6		3	12/1M C 3	00074- 7983-09 90719FW	39	0.9% SOD CHL LC		0000125529		29.22
7		1	12/500 C 1	00074- 9786-03 89366DE	03	LIPOSYN II 10%		0000125529		59.09
8		4	PKG/25 C 1	00074- 1966-07 90419DK	73	SOD CHL INJ 30ML		0000125462		18.00
										SUBTOTAL 531.05
										TOTAL 531.05
EQJ LMB	00	VALERIE 910-483-6525 SHIPPED VIA: ESTES EXPRESS LINE				EXLA				

Abbott Laboratories, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded under the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, to be introduced into interstate commerce. Abbott Laboratories certifies that the products covered by this invoice have been produced in compliance with the applicable Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE REMIT PAYMENT TO:

28C8

ABBOTT LABORATORIES
 P.O. BOX 100997

ATLANTA, GA 30384-0997



Health Care World Wide
 COLORADO WHOLESALE LICENSE NO. W-35 0071594 HOMECARE DIVISION
 FEDERAL I.D. NO. 36-069-8440 ABBOTT LABORATORIES
SHIPPER DEA#: PA0020709 **THANK YOU FOR YOUR ORDER** STONE MOUNTAIN GA 30083

DUPLICATE
PAGE 1
END

INVOICE DATE 07/18/94	INVOICE NUMBER 37106734	T.C. 15	TERMS 1% 15 DAYS, NET 90 FROM DOI	PURCHASE ORDER NO. 9380	ORD.LOC. ATL	ORDER DATE 07/15/94	M.C. 1B
CUSTOMER NO. 11429198 <small>S O L D T O</small> HEALTHINFUSION INC SUITE 200 3363 VILLAGE DRIVE FAYETTEVILLE NC 28304				CUSTOMER NO. 11429198	CLASS P040	DEA REG. NO.	TERRI TORY AHK03
<small>PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING</small> <small>REFERENCE NO.</small> 75229095-02A <small>ISSUE DATE</small> 07/18/94 <small>SHIPLOC.</small> ATL				SHIP TO	HEALTHINFUSION INC SUITE 200 3363 VILLAGE DRIVE FAYETTEVILLE NC 28304		

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL											
LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRIC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	ITEM	EXTENSION
3		2	12X500 C 2	0074- 87837DM	03	AMINSYN 2 8.5 500		0000125529			103.96
										SUBTOTAL	103.96
										TOTAL	103.96
FOLLOWING ITEM(S) SCHEDULED TO BE SHIPPED											
1		2	12/500	0074- 9789-03	03	LIPOSYN II 20%	SHIP FROM	RALEIGH NC			
2		3	6X1000	0074- 1090-05	05	AMINSYN 2 10 1000	SHIP FROM	RALEIGH NC			
4		1	12/1M	0074- 7990-09	39	STERILE WATER LC	SHIP FROM	RALEIGH NC			
5		3	CS/6	0074- 7118-07	07	STER WATER BULK	SHIP FROM	RALEIGH NC			
6		3	12/1M	0074- 7983-09	39	0.9% SOD CHL LC	SHIP FROM	RALEIGH NC			
7		1	12/500	0074- 9786-03	03	LIPOSYN II 10%	SHIP FROM	RALEIGH NC			
8		4	PKG/25	0074- 1966-07	73	SOD CHL INJ 30ML	SHIP FROM	RALEIGH NC			
EQJ	LMB	00	VALERIE 910-483-6525	SHIPPED VIA: UNITED PARCEL SERVICE UPSN							

No packing slip attached

Abbott Laboratories, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded in the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. Abbott Laboratories certifies that the products covered by this invoice have been produced in compliance with the applicable Labor Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE RETAIN
PAYMENT TO:

28C8

ABBOTT LABORATORIES
P.O. BOX 100997

ATLANTA, GA 30384-0997

DO NOT USE INVOICE

FOR ALL INQUIRIES CONCERNING THIS ORDER
PLEASE CALL (508) 238-8590
FAX (508) 238-8573

INVOICE NUMBER

HES174

919-482-6502

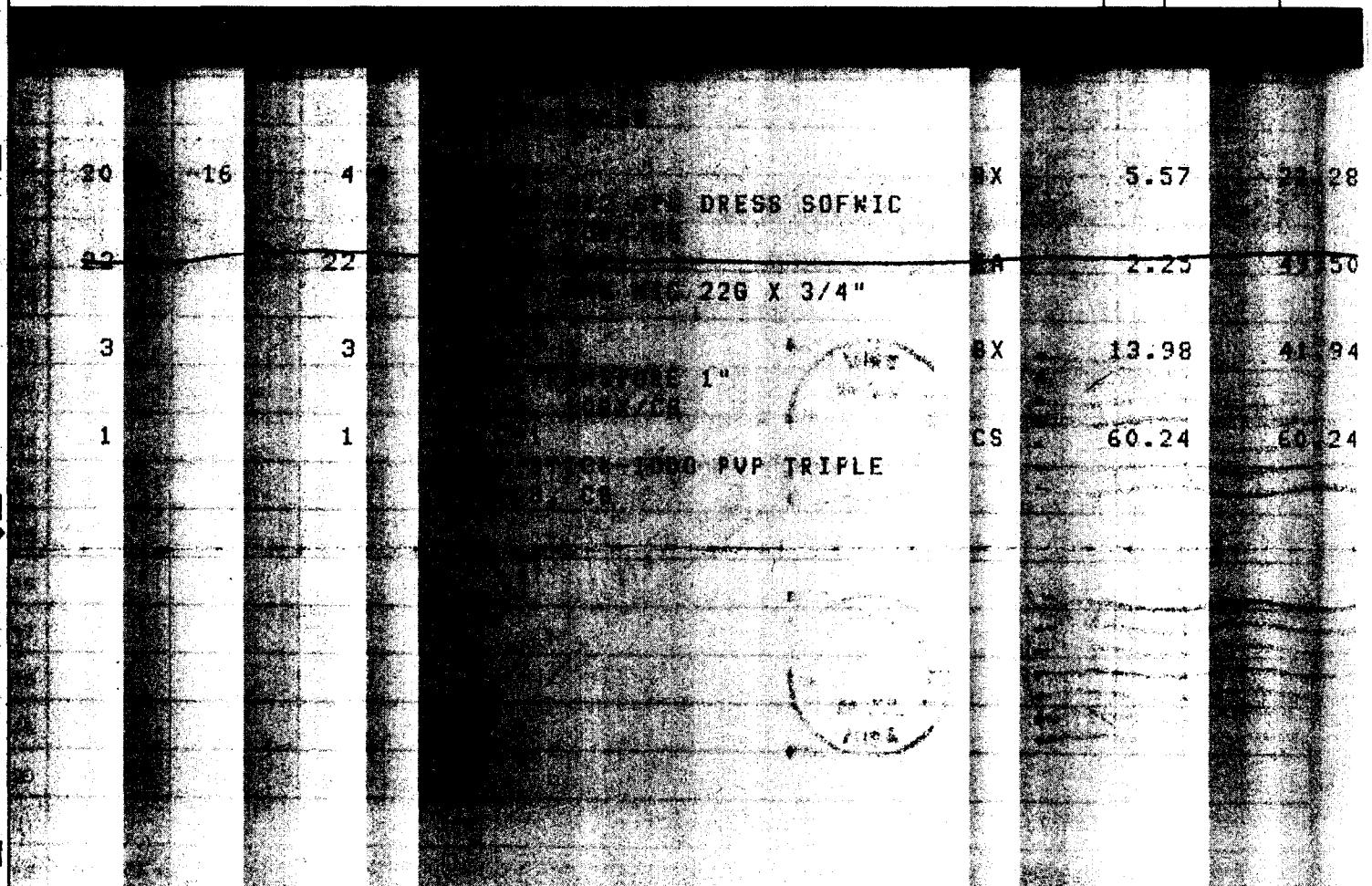
3010369-02

BILL TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304

SHIP TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304
AMANDA9389

CUSTOMER P.O. NO.

ITEM NO.	QTY	UNIT PRICE	LINE TOTAL	SHIP DATE	ITEM TYPE	ITEM DESCRIPTION
3010369-02	322	07/22/94	383	AMANDA9389	07/26/94	
** UFS ONLY **					F	1



*** THIS IS YOUR INVOICE ***

CODE EXPLANATION

- * - STATE TAX APPLICABLE
- # - FED/OTHER TAX APPLICABLE
- + - STATE & FEDERAL TAX APPL.
- B - BALANCE BACK ORDERED
- C - CONSIDER COMPLETE
- D - DIRECT SHIPMENT
- F - FACTORY MINIMUM

WEIGHT	WEIGHT OUT
0.00	0.00

NET TERMS: INV

30

DUE: 08/25/94

SUB TOTAL

MISC CHARGE

HANDLING FEE

FREIGHT TOTAL

0.00

FED./OTHER TAX

STATE TAX

PAYMENT REC'D.

0.00

REMIT
TO

MEDICAL SPECIALTIES CO., INC.
P.O. BOX 6121
BOSTON, MA 02212-6121

TOTAL AMT DUE

REMITTANCE COPY

HHD015-1140

MEDICAL SPECIALTIES CO., INC
58 NORFOLK AVE
SOUTH EASTON MA 02375

INVOICE

FOR ALL INQUIRIES CONCERNING THIS ORDER
PLEASE CALL (508) 238-8590
FAX (508) 238-8573

INVOICE NUMBER

HES174

919-493-6502

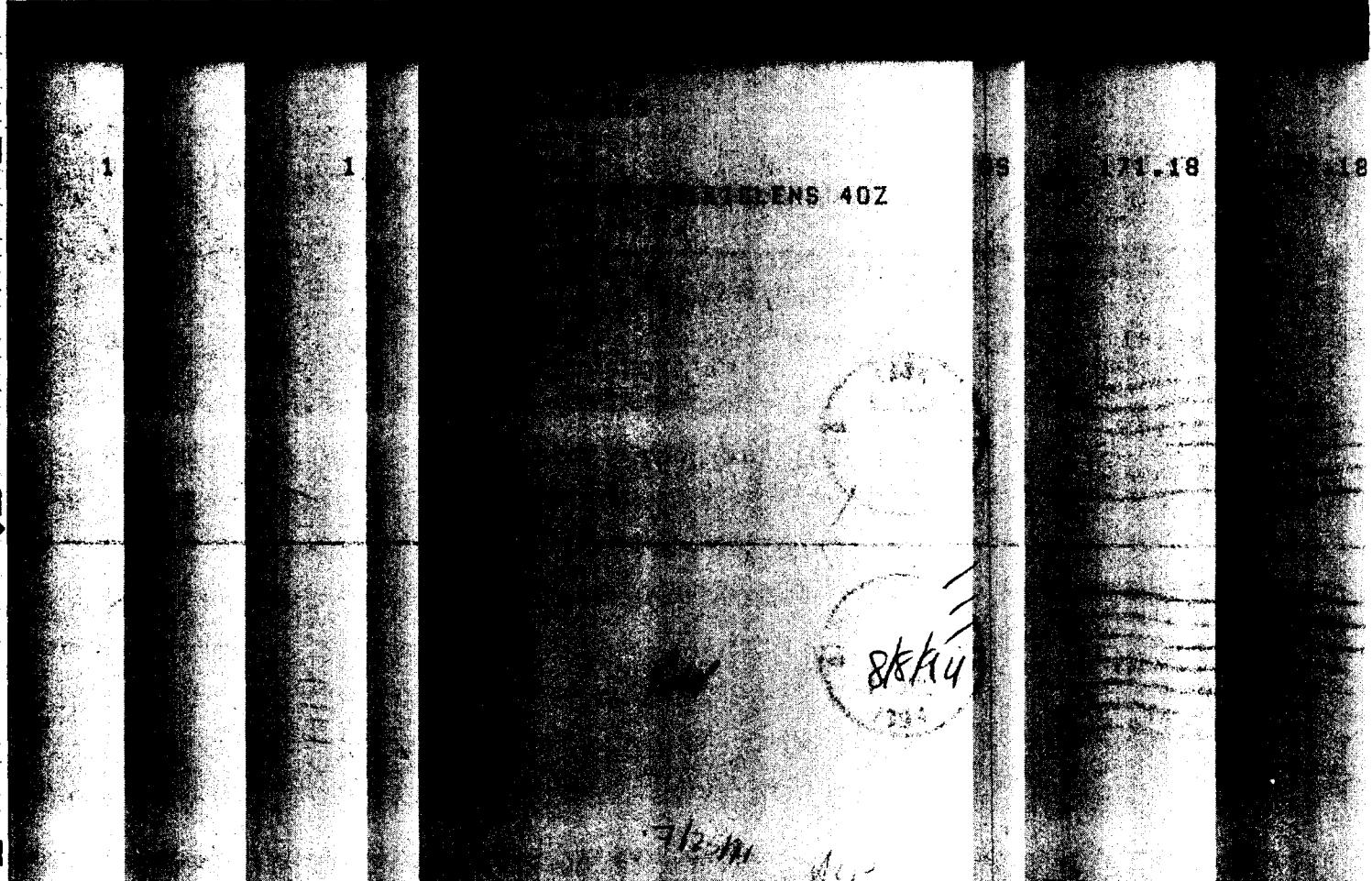
3010369-01

BILL TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304

SHIP TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304
AMANDA9389

CUSTOMER P.O. NO.

3010369-01	322	07/22/94	383	AMANDA9389	07/25/94
** UPS ONLY **		RPS		P	1



*** THIS IS YOUR INVOICE ***

CODE EXPLANATION

- * - STATE TAX APPLICABLE
- # - FED/OTHER TAX APPLICABLE
- + - STATE & FEDERAL TAX APPL.
- B - BALANCE BACK ORDERED
- C - CONSIDER COMPLETE
- D - DIRECT SHIPMENT
- F - FACTORY MINIMUM

ITEM	DESCRIPTION
0.00	0.00

NET TERMS: INV 30

DUE: 08/24/94

SUB TOTAL 171.18

MATERIALS

HANDLING FEE

FREIGHT TOTAL

0.00

FED/OTHER TAX

STATE TAX

0.00

PAYMENT REC'D.

REMIT
TOMEDICAL SPECIALTIES CO., INC.
P.O. BOX 6121
BOSTON, MA 02212-6121

TOTAL 171.18

MEDICAL SPECIALTIES CO., INC
58 NORFOLK AVE
SOUTH EASTON MA 02375

INVOICE

FOR ALL INQUIRIES CONCERNING THIS ORDER
PLEASE CALL (508) 238-8590
FAX (508) 238-8873

INVOICE NUMBER

HE5174

919-482 6502

3010369-04

BILL TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304

SHIP TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304
CUSTOMER P.O. NO. AMANDA9389

3010369-04	322	07/22/94	383	AMANDA9389	08/04/94
UFS				F	1



*** THIS IS YOUR INVOICE ***

CODE EXPLANATION

- * - STATE TAX APPLICABLE
- C - CONSIDER COMPLETE
- # - FED/OTHER TAX APPLICABLE
- D - DIRECT SHIPMENT
- + - STATE & FEDERAL TAX APPL.
- F - FACTORY MINIMUM
- B - BALANCE BACK ORDERED

	NET AMT
0.00	0.00

NET TERMS: INV 30 DUE: 08/03/94

*** ORDER COMPLETED ***

SUB TOTAL

87.12

HANDLING FEE

0.00

FREIGHT TOTAL

0.00

FED/OTHER TAX

STATE TAX

0.00

PAYMENT REC'D.

0.00

REMIT
TOMEDICAL SPECIALTIES CO., INC.
P.O. BOX 6121
BOSTON, MA 02212-6121

REMITTANCE COPY

87.12


Bergen Brunswig Drug Company
YOUR PARTNER IN PRODUCTIVITY

BBC RALEIGH DIVISION
 8605 EBENEZER CHURCH ROAD
 RALEIGH NC 27613
 - DEA# RD0185187

PLEASE REMIT TO:
BERGEN BRUNSWIG CORP.
 P O BOX 31187
 RALEIGH NC 27622

S H I P
 HEALTH INFUSION
 TRACY BROWN
 3363 VILLAGE DRIVE SUITE 200
 FAYETTEVILLE NC 28304

51

B I L L
 HEALTH INFUSION CORP
 TRACY BROWN
 3363 VILLAGE DRIVE SUITE 200
 FAYETTEVILLE NC 28304

* * * * DUPLICATE * *

INVOICE NO.	INV DATE
057-241136	07/15/94
ACCOUNT NO.	CUST DEA #
057-073163	BH3412208

QTY	DESCRIPTION	CL	CD	ITEM NO	AWP	COST	INV RATE	UNIT PRICE	EXTENSION
	PURCHASE ORDER NO. - 9379								
	ORDER DATE 07/14/94 TIME 5.41.26 PM								
	* * * PICKING NUMBER - 215447 * * *								
1	VANCOMYCIN 1GM F/T FTV		10	RXQ 156-372	60.44	67.98	2.00	69.34	69.34

CL : C1 - BEHIND THE COUNTER C4 - CONTROLLED SUBSTANCE - CLASS 4 HB - HEALTH AND BEAUTY AIDS RX - PRESCRIPTION DRUGS
 C2 - CONTROLLED SUBSTANCE - CLASS 2 C5 - CONTROLLED SUBSTANCE - CLASS 5 MS - MEDICAL SUPPLIES CD } B - BEST PRICE
 C3 - CONTROLLED SUBSTANCE - CLASS 3 GM - GENERAL MERCHANDISE OT - OVER THE COUNTER MEDICATION E - FREE GOODS
 F - TAX FREE TO CONSUMER N - NET ITEM
 R - PROGRAM PRICE
 S - SPECIAL PRICE
 Q - CONTRACT ITEM T - RETAIL TAX
 W - WHOLESALE TAX
 Z - SUPERNET ITEM

C11 PURCHASES 1ST THRU 15TH DUE BY 25TH OF SAME MONTH;
 16TH THRU EOM DUE BY 10TH OF FOLLOWING MONTH.

 69.34
 DUE 07/25/94

Page No. 62
06/12/95

ID NC-O-05

INV

DATE	TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
08/19/94	W	00069265041	Procardia XL (Nifedipine) Extended Release	S	100.00	106.25
08/19/94	W	00003056902	PROLIXIN	I	1.00	15.46
08/19/94	W	00641249535	PROMETHAZINE HYDROCHLORIDE INJECTION USP 25MG	N	100.00	11.20
08/19/94	W	00364075601	Propranolol Tabs	N	100.00	0.69
08/19/94	W	50458043001	PROPULSID U.D.	S	100.00	55.35
08/19/94	W	00006007228	PROSCAR 5MG TABLET 100UD	S	100.00	151.78
08/19/94	W	50458033006	RISPERDAL 3MG	S	60.00	198.67
08/19/94	W	00031789011	ROBINUL INJECTABLE VIALS NDA-17-558	I	25.00	5.54
08/19/94	W	00004196405	ROCEPHIN ADD-VANTAGE 1GM (CEFTRIAXONE SO	S	10.00	245.26
08/19/94	W	00004196401	ROCEPHIN 1 GM 10 X 10 ML VIAL (CEFTRIAXO	S	10.00	242.22
08/19/94	W	00081085695	SEPTRA (TRIMETHOPRIM	N	10.00	10.07
08/19/94	W	00173046700	SEREVENT INHALATION AEROSOL 60 DOSE	S	60.00	25.11
08/19/94	W	00074488825	SODIUM CHL 0.9% INJ USP 10ML FLIPTOP VIA	N	25.00	4.78
08/19/94	W	00074488825	SODIUM CHL 0.9% INJ USP 10ML FLIPTOP VIA	N	25.00	4.78
08/19/94	W	00009011313	SOLU-MEDROL S.P. 40 MG AOV	I	25.00	18.62
08/19/94	W	00781159913	SPIRONOLACTONE 25MG	N	100.00	3.94
08/19/94	W	00048210070	SSD (1% SILVER SULFADIAZINE) CREAM 400 G	I	400.00	10.57
08/19/94	W	00048113003	SYNTHROID (LEVOTHYROXINE SODIUM) TABLETS	N	100.00	20.08
08/19/94	W	00002729110	TAZIDIME	N	10.00	177.24
08/19/94	W	58887005232	TEGRETOL (CARBAMAZEPINE)	I	100.00	10.19
08/19/94	W	00641061025	THIAMINE HYDROCHLORIDE INJECTION USP	N	25.00	13.01
08/19/94	W	00053710001	THROMBINAR	B	1.00	2.52
08/19/94	W	00033043153	TICLID 250MG (TICLOPIDINE HCL)	S	100.00	114.48
08/19/94	W	00029657140	TIMENTIN(TICARCILLIN	S	10.00	102.86
08/19/94	W	00003272510	TOBRAMYCIN SULFATE INJECTION 40 MG/ML	N	25.00	70.20
08/19/94	W	00033244450	TORADOL IM (TUBEX) (KETOROLAC TROMETHAMI	S	10.00	67.51
08/19/94	W	00033243450	TORADOL IM (TUBEX) (KETOROLAC TROMETHAMI	S	10.00	64.38
08/19/94	W	57267090230	TRANSDERM NITRO (NITROGLYCERIN)	N	100.00	0.01
08/19/94	W	00083434504	TRANSDERM SCOP (SCOPOLAMINE)	S	3.00	12.00
08/19/94	W	23317030115	TRIAMCINOLONE ACETONIDE 0.1% CREAM	N	15.00	0.81
08/19/94	W	51079027261	TRIAMCINOLONE ACETON	N	15.00	0.87
08/19/94	W	00003173745	TRIMOX 125	N	150.00	1.26
08/19/94	W	00003010151	TRIMOX 250	N	100.00	8.08
08/19/94	W	00003173845	TRIMOX 250	N	150.00	1.68
08/19/94	W	00049003283	Unasyn (Ampicillin Sodium/sulbactam sodi	S	10.00	99.68
08/19/94	W	00049003183	Unasyn (Ampicillin Sodium/sulbactam sodi	S	10.00	54.28
08/19/94	W	00034700480	UNIPHYL 400MG TABLETS	N	100.00	52.46
08/19/94	W	00074653501	VANCOMYCIN HCH 1GMADDVANTAGE VIAL STERIL	N	10.00	60.39
08/19/94	W	00074653501	VANCOMYCIN HCH 1GMADDVANTAGE VIAL STERIL	N	10.00	60.39
08/19/94	W	00074653401	VANCOMYCIN HCL 500MG ADDVANTAGE VIALSTER	N	10.00	30.20
08/19/94	W	00006071268	VASOTEC 5MG TABLET 100	S	100.00	63.41
08/19/94	W	00006071228	VASOTEC 5MG TABLET 100UD	S	100.00	66.05
08/19/94	W	00006071368	VASOTEC 10MG TABLET 100	S	100.00	66.59
08/19/94	W	00006071328	VASOTEC 10MG TABLET 100UD	S	100.00	69.22
08/19/94	W	00006001428	VASOTEC 2.5MG TABLET 100UD	S	100.00	52.55
08/19/94	W	00074488720	WATER INJ 20ML	N	25.00	6.17
08/19/94	W	00008012101	WYDASE LYOPHILIZED NDA-60-343	S	1.00	5.31
08/19/94	W	00186035601	10% XYLOCAINE ORAL SPRAY (LIDOCAINE)	S	30.00	27.99
08/19/94	W	00186061101	XYLOCAINE 2% SOLUTION	I	10.00	13.39
08/19/94	W	00173034442	ZANTAC TABLET 150MG 60'S BOTTLE	S	60.00	61.76
08/19/94	W	00173036238	ZANTAC INJECTION 25MG/ML 2ML 10'S	S	10.00	22.61
08/19/94	W	00005323423	ZIAC BISOPROLOL FUMARATE/HYDROCHLORTIAZ	S	100.00	67.97
08/19/94	W	00173044200	ZOFRAN INJECTION MULTI DOSE 20ML VIAL	S	20.00	172.30

Bergen Brunswig Drug Company

YOUR PARTNER IN PRODUCTIVITY

BBDC - CHARLOTTE
11107-P SOUTH COMMERCE BLVD
CHARLOTTE NC 28273
704 587-6600 DEA# RDO185478

PLEASE REMIT TO:

BERGEN BRUNSWIG CORP.

P.O. BOX 411489
CHARLOTTE NC 28241-1189

GASTON MEM HOSPITAL PHARMACY
P.O. BOX 1747
2525 COURT DRIVE
GASTONIA NC 28053-1747

Case #04-cv-12257-PBS
INV DATE 04-10-04
ACCOUNT NO. 077-1227146
077-075498 AG3171939

* * * ORIGINAL *

DESCRIPTION

QTY	ITEM NO	UPC / NDC	AWP	UNIT PRICE	EXTENSION
6	TRIAMCINOLONE 0.1%	CRM	15GM RX2T939-660	.81	
2	TRIAMCINOLONE .025%	CRM	15GM RXQT023-705	1.09	
1	TRIMOX 125MG	SUS	150MLRXQT064-386	1.35	
1	TRIMOX 250MG	CAP UD	100 RXQT064-451	10.22	
2	TRIMOX 250MG	SUS	150MLRXQT064-402	2.02	
1	TUMACORE 500MG	TAB	500 RXQT064-455	1.5	
6	UNASYN ADDUAN 3.0GM	ADV	10 RX 33-104	123.80	
4	UNASYN VL 1.5GM	ADV	10 RX 347-070	67.41	
1	UNIPHYL 400MG	TAB	100 RX 011-734	62.54	
1	VANCOMYCIN 1GM	ADV	10 RXQT151-845	144.38	
1	VANCOMYCIN 1GM	ADV	10 RXQT151-845	144.38	
8	VANCOMYCIN 500MG	ADV	10 RXQT151-381	72.25	
1	VASOTEC 5MG	TAB UD	100 RXQT092-619	91.18	
1	VASOTEC 5MG	TAB UD	100 RXQT092-601	94.98	
1	VASOTEC 10MG	TAB UD	100 RXQT092-627	95.74	
1	VASOTEC 10MG	TAB UD	100 RXQT092-726	99.53	
1	VASOTEC 2.5MG	TAB UD	100 RXQT092-304	75.55	
2	WATER ST FTV		25X20MLRXQT162-149	22.50	
12	YDASE LYOPH 150UN	VL	1MLRXQT140-061	6.60	
2	KYLOCAINE 10% ORAL	AER	30MLRXQCS60-839	42.69	
10PK	KYLOCAINE 100MG	PFS	10X5MLRXQCS60-169	20.75	
3	ZANTAC 150MG	TAB	60 RXQT18-403	95.66	
10	ZANTAC 50MG/2ML	VL	10X2MLRXQT18-098	39.92	
1	ZIAC 5MG TAB		100 RXQT101-527	84.41	

R - PROGRAM PRICE
P - SPECIAL PRICE
T - RETAIL TAX

N - NET ITEM
P - PRICE CHANGE
O - CONTRACT ITEM

W - WHOLESALE UNIT
Z - SUPERNET ITEM

1 BC - BEHIND THE COUNTER
2 CS - CONTROLLED SUBSTANCE - CLASS 2
3 CS - CONTROLLED SUBSTANCE - CLASS 3
4 CS - GENERAL MERCHANDISE

5 HB - HEALTH AND BEAUTY AIDS
6 MS - MEDICAL SUPPLIES
01 OT - OVER THE COUNTER MEDICATION

Page No. 72
06/12/95

ID NE-O-11

INV						
DATE	TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
05/04/94	W	00277017401	RESPAIRE-60 SR CAPSULES	N	100.00	26.18
05/04/94	W	00062057546	RETIN-A GEL .01% 45 GM TUBE	S	45.00	35.56
05/04/94	W	00031740994	ROBAXIN INJ VIAL NDA-11-790	I	25.00	31.69
05/04/94	W	00074578216	RONDEC SYRUP CARBINO	N	480.00	25.82
05/04/94	W	00044502202	RYTHMOL	S	100.00	67.24
05/04/94	W	00078018103	SANDOSTATIN AMPS .1MG	S	20.00	133.24
05/04/94	W	00078018425	SANDOSTATIN MULTI-DOSE VIAL 1000MCG/ML	S	5.00	352.96
05/04/94	W	00075030000	SLO-BID	N	100.00	6.27
05/04/94	W	00074196607	SOD CHL INJ 30ML	N	25.00	5.38
05/04/94	W	00603576621	SPIRONOLACTONE 25MG TAB	N	100.00	3.37
05/04/94	W	00005389840	SUPRAX ORAL SUSP 50ML	S	50.00	22.34
05/04/94	W	00008413201	SURMONTIL 25MG CAP NDA-16-792	I	100.00	45.19
05/04/94	W	00008415801	SURMONTIL 100MG CAP NDA-16-792	I	100.00	107.50
05/04/94	W	00173043200	TEMOVATE SCALP APPLICATION 25ML	S	25.00	16.48
05/04/94	W	00310010110	TENORMIN 100MG 100TB BTL	S	100.00	104.88
05/04/94	W	00008034101	TET DIP TOXOID	G	10.00	19.33
05/04/94	W	00065064705	TOBRADEX	S	5.00	15.53
05/04/94	W	00074459201	TRACE METALS 5ML	N	25.00	34.46
05/04/94	W	00168000680	TRIAM ACET 0.1% OINT 80G	N	80.00	1.99
05/04/94	W	00590009066	TRIDIL	B	20.00	26.16
05/04/94	W	00574722210	TRIMETHOBENZAMIDE SUPPOSITORIES	N	10.00	2.02
05/04/94	W	11793752201	TUBERSOL	B	1.00	9.36
05/04/94	W	11793752202	TUBERSOL	B	5.00	19.21
05/04/94	W	00074653301	VANCOMYCIN 1GM FT	N	10.00	135.81
05/04/94	W	00074433201	VANCOMYCIN 500MG	N	10.00	68.41
05/04/94	W	00006071228	VASOTEC 5MG TABLET 100UD	S	100.00	66.08
05/04/94	W	00006071368	VASOTEC 10MG TABLET 100	S	100.00	66.62
05/04/94	W	00006071328	VASOTEC 10MG TABLET 100UD	S	100.00	69.24
05/04/94	W	00015309520	VEPESID	S	5.00	84.40
05/04/94	W	00186023503	XYLOCAINE 4% SOLUTION	I	10.00	43.36
05/04/94	W	00186024213	XYLOCAINE HCL 2% SOLUTION	I	10.00	15.14
05/04/94	W	00186012501	XYLOCAINE HCL 2% W/EPINEPHRINE 1:100,000	I	20.00	1.96
05/04/94	W	00173036238	ZANTAC INJECTION 25MG/ML 2ML 10'S	S	10.00	20.93
05/04/94	W	00173044200	ZOFRAN INJECTION MULTI DOSE 20ML VIAL	S	20.00	172.22

T T T INVOICE TOTAL 9070.99 ✓

PHARMACY TOTAL 9070.99

T- Traced to invoice and check
 ID number, date, invoice type,
 drug name and quantity was
 correct unless changed.
 6-14-95 CBY

✓- Verified math accuracy of
 invoices' totals and amounts
 agreed. 6-14-95 CBY

Enclosure C

Confidential

Pharmacy Information Form

Pharmacy Name: Regional West Medical Center Hospital Pharmacy

Address: 4021 Avenue B

Scottsbluff

NE 69361

Phone Number: (308) 630-1264

Contact Person: Donald Graham R.Ph.

Type of Pharmacy (Check Appropriate Block(s))

Independent Retail Pharmacy

Chain (four or more stores) Pharmacy

Other:

Nursing Home Pharmacy

Hospital Outpatient Pharmacy (Inclusive with Inpatient)

Home I.V. Pharmacy

Mail Order Pharmacy

County Public Health Unit Pharmacy

Public Health Entity

***WE USE THE PRIME VENDOR CONCEPT AND AS A RESULT HAVE ONLY A SINGLE DISTRIBUTOR

WHITMIRE DIST CORP - DENVER
4770 (U) FOREST STREET 80216
DENVER, CO
(303)355-2731
DEA# RW0192017 05/31/94

Whitmire
Distribution Corporation

REMIT TO: WHITMIRE DIST CORP - DENVER

SHENKER 88-8825-6-0448

BILLING ADDRESS
► ATTN: PHARMACY DEPT.
4021 AVENUE B
SCOTTSDALE, AZ 85251
INVOICE DATE 05/04/94
MO/DT NUMBER 572183
CUSTOMER ACCT. NO. 211133
AMOUNT 572183
DUE DATE 05/31/94

► REGIONAL WEST MEDICAL CENTER
ATTN: PHARMACY DEPT.
4021 AVENUE B
SCOTTSDALE, AZ 85251
SPECIAL INSTRUCTIONS
WE-TU DUE NXT WE
DUE DATE 05/17/94

PAGE : 15
ALL CLAIMS FOR DAMAGE OR
SHORTAGES MUST BE REPORTED
WITHIN 48 HOURS. INVOICE
NUMBER REQUIRED.

QUANTITY	UNIT	DESCRIPTION	ITEM NUMBER	CLASS	SUGGESTED RETAIL	UNIT PRICE	EXTENSION	% DISCOUNT	CODE
3	EA	TRIAMCINOLONE ACETON OINT 0.1 %	80 GM	126039	5.10	4.99	5.97		B
		NDC# 00016800080	VIAL 5MG/ML 20X10 ML	116181	225.00	225.00			B
1	EA	TRIDIL	SUPP 200MG	10	5.85	2.02	2.02		B
1	EA	TRIMETHOBENZAMIDE	SUPP 200MG	859133	5.85				B
1	EA	TRIMETHOBENZAMIDE	MDV STU 1 ML	445940	11.17	9.36	37.44		B
4	EA	TUBERSOL 10 TEST	MDV STU 1 ML	445940	11.17	9.36	37.44		B
ND	EA	TUBERSOL 50 TEST	MDV STU 5 ML	445959	22.91	19.21	384.20		B
20	EA	TUBERSOL 50 TEST	MDV STU 5 ML	445959	22.91	19.21	384.20		B
ND	EA	VANCOMYCIN FLPTP	VIAL 1GM 10X25 ML	604712	516.06	135.81	814.86		B
6	EA	VANCOMYCIN FLPTP	VIAL 500MG 10X10 ML	604704	259.85	68.41	410.46		B
6	EA	VANCOMYCIN FLPTP	TABS 5 MG 100 UD	368431	91.87	66.08	66.08		B
1	EA	VASOTEC	TABS 10 MG 100 UD	368458	92.62	66.62	266.48		B
4	EA	VASOTEC	TABS 10 MG 100 UD	368466	96.27	69.24	69.24		B
1	EA	VASOTEC	NDC# 000006071228						
10	EA	VEPESID NON RTN VHA+	VIAL 20MG/ 5 ML	868434	131.03	84.40	844.00		B
		NDC# 000015309530	AMPS 4% 10X5 ML	007366	56.60	43.36	43.36		B
1	EA	XYLOCAINE	NDC# 000186023503						

CODES
B = BID
S = SPECIAL
NR = NON-REBATEABLE

CONTINUED	DISC. AMOUNT	INVOICE TOTAL

ID	DATE	INV.	NDC	B/G	TYPE		QTY	PRICE	TOTAL
VA-O-3	06/30/94	W	00074488825	G	SOD CHL FTV .9%	10ML ABB	25	350	1.36
VA-O-3	06/30/94	W	00015321430	B	DEPOT PARAPLATN SDV	150MG 20ML		1	189.60
VA-O-3	06/30/94	W	00071425940	B	BENADRYL SYR	50MG 1ML	10	10	14.21
VA-O-3	06/30/94	W	00364246533	G	CEFAZOL VL	1GM 10ML SCHE	10	10	13.07
VA-O-3	06/30/94	W	00641039525	G	GENTAMIC VL	80MG 2ML E/S	25	25	7.60
VA-O-3	06/30/94	W	00641233143	C	CENTAMIC MDV	8CMG 20ML E/S	10	10	8.41
VA-O-3	06/30/94	W	00074653301	G	VANCOMY FTV	1GM ABB 6533-01&		10	65.85
VA-O-3	06/30/94	W	00364246693	G	CEFAZOL PBV	10GM 1CML SCHE	10	1000	105.86
VA-O-3	06/30/94	W	00074196607	G	SOD CHL BAC FTV .9%	30ML AB	25	750	4.56
VA-O-3	06/30/94	W	00364653056	G	DIPHENHYD VL	300MG SCHE	30ML	30	2.68
VA-O-3	06/30/94	W	00268030101	B	EPIPEN 0.3MG	AUTO-INJECTOR		0.3	24.92
VA-O-3	06/30/94	W	00074115278	G	HEPAR L/S FTV	3MU 30ML ABB	25	750	9.92
VA-O-3	06/30/94	W	00205464694	G	LEUCOVOR VL	IMM	100MG	100	4.81
VA-O-3	06/30/94	W	00205464577	G	LEUCOVOR VL	350MG	IMM	1	20.01
VA-O-3	06/30/94	W	00074488820	G	SOD CHL FTV .9%	20ML ABB	25	500	5.57
VA-O-3	06/30/94	W	00173044200	B	ZOFRAN MDV	40MG 20ML		20	181.30
VA-O-3	06/30/94	W	00268030201	B	EPIPEN JR 0.15MG	AUTO INJECTOR		0.15	24.92
VA-O-3	06/30/94	W	55513034810	B	NEUPOGEN SDV	480MCG 1.6ML	10	10	1862.91
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV	UNIT-VIAL	CT25	250	31.15
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV	UNIT-VIAL	CT25	250	31.15
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV	UNIT-VIAL	CT25	250	31.15
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV	UNIT-VIAL	CT25	250	31.15
VA-O-3	06/30/94	W	00548652400	G	CALC GLUC VL	10% 100ML IMS	12	1200	23.70
VA-O-3	06/30/94	W	00074339702	B	CENOLATE AMP	1MMG 2ML ABB	10	200	50.65
VA-O-3	06/30/94	W	00074405101	G	CLINDAMY VL	600MG 4ML ABB	25	100	43.46
VA-O-3	06/30/94	W	00074419701	G	CLINDAMY VL	9000MG ABB	60ML	60	22.59
VA-O-3	06/30/94	W	00033290348	B	CYTOVENE PWD	VIAL 500MG	25	25	734.43
VA-O-3	06/30/94	W	00268030101	B	EPIPEN 0.3MG	AUTO-INJECTOR		0.3	24.92
VA-O-3	06/30/94	W	00186190601	B	FOSCAVIR VL	24MG ASTR 500ML	12	6000	1404.87
VA-O-3	06/30/94	W	00074115178	G	HEPAR L/S FTV	3CU 30ML ABB	25	750	6.87
VA-O-3	06/30/94	W	00074115270	G	HEPAR L/S FTV	1CU 10ML ABB	25	250	9.92
VA-O-3	06/30/94	W	00205464577	G	LEUCOVOR VL	350MG	IMM	1	20.01
VA-O-3	06/30/94	W	00517821025	G	MULTITRACE S CONC	10ML A/R	25	250	42.55
VA-O-3	06/30/94	W	55513034710	B	NEUPOGEN SDV	300MCG 1ML	10	10	1170.02
VA-O-3	06/30/94	W	55513034810	B	NEUPOGEN SDV	480MCG 1.6ML	10	16	1862.91
VA-O-3	06/30/94	W	58178002050	B	NEUTREXIN VIAL	25MG	50	50	1722.10
VA-O-3	06/30/94	W	00015321530	B	DEPOT PARAPLATN SDV	450MG 1CML		100	568.82
VA-O-3	06/30/94	W	00015321330	B	PARAPLATIN SDV	50MG 10ML		10	63.21

ID	DATE	TYPE INV.	NDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
VA-O-3 T	06/30/94 t	W	00003073531 t	G	PENICIL-G POT VL 20MU SQ 10 t	10 t	34.41 t	
VA-O-3	06/30/94	W	00074665305	G	POT CHL FTV 40MEQ 20ML ABB 25	500 ✓	5.07	
VA-O-3	06/30/94	W	00074729501	G	POT PHOS FTV 45MMP 15ML ABB 25	375 ✓	8.47	
VA-O-3	06/30/94	W	59676031001	B	DEPOT PROCRIT VL 10000U IML 6	6 t	519.67	
VA-O-3	06/30/94	W	59676030301	B	DEPOT PROCRIT VL 3000U 1ML 6	6 ↓	164.11	
VA-O-3	06/30/94	W	00074329905	G	SOD ACE FTV 1CMEQ 50ML ABB 25	1250 ✓	21.53	
VA-O-3	06/30/94	W	00074329906	G	SOD ACE FTV 2CMEQ 1GML ABB 25	2500 ✓	43.05	
VA-O-3	06/30/94	W	00074196607	G	SOD CHL BAC FTV .9% 30ML AB 25	750 ✓	4.56	
VA-O-3	06/30/94	W	00074488825	G	SOD CHL FTV 0.9% 10ML ABB 25	250 ✓	4.36	
VA-O-3	06/30/94	W	00074114101	G	SOD CHL FTV 23.4% 50ML ABB 25	1250 ✓	12.66	
VA-O-3	06/30/94	W	00074113002	G	SOD CHL SOL 23.4% 250ML ABB 12	3000 ✓	30.39	
VA-O-3	06/30/94	W	00074653301	G	VANCOMY FTV 1GM ABB 6533-01&	10 t	65.85	
VA-O-3	06/30/94	W	00074650901	G	VANCOMYCIN VIAL 5GM BULK ABB 1	1 ↓	32.29	
VA-O-3	06/30/94	W	00517611025	G	ZINC SUL SDV 10MG 10ML A/R 25	250 ✓	7.98	
VA-O-3	06/30/94	W	00173044200	B	ZOFRAN MDV 40MG 20ML	20 t	181.30	11581.89 ✓

(A) = see p. 1

t = Traced to envelope

t = traced to invoice

∞ = verified to mckesson data file by DESCRIPTION

* = additional data added from invoice

X = erroneous entry; correction as shown

✓ = verified calculation

WAC 4/25/95

NOTE: all changes/corrections made to file #315.WAC. WAC 4/25/95

089755



4501 CAROLINA AVE-F
RICHMOND, VA 23222
PHONE (804) 228-2800

SHIP TO ►

JUL 26 1994

SOLD TO ►

JULY 26 1994
FARMARK BRANCH 006C
CONCORD AVENUE STE 600
FORT MYER
VA 22021

DEA NO. RF0165894

CARE #

JUL 27 1994

P.P.

COPY TO CUSTOMER SERVICE
ORIG & COPY U/MERCHANDISE

CLOSED FOR JULY 4TH-NO MON DELIVERIES-REG DELIVERIES ON TUES

AMED937 BC1452692 06/30/94

003223 66-97213

BOX NO	DEPT.	ITEM NO	NDC/UPC NO.	QTY	U/S	DESCRIPTION	CODE	DEA	LIST/RETAIL	UNIT COST	QTY	EXTENDED
1 103 8/	1	019000 0001440002	100T SODIUM CHL INJ .9% VOF	1	ML P	100ML P			4.30	64.4	1	64.4
2 10323/1	723498	00015321430	100A PARAPLATIN INJ 150MG SDV	10	P	150MG SDV	225.51		109.60	15.9	1096.4	
3 10344/	065045	000171425940	15CT BENADRYL DISP STRN 50MG	10X1ML P		50MG 10X1ML P			1.69	14.21	15.9	213.1
3 10326/1	106294	00014246533	4CT CEFAZOLIN INJ 1GM SCH	10X10ML P		10X10ML P	5.70		13.07	77.9	52.6	
3 10321/1	024281	00011039525	2CT GENTAMICIN INJ 40MG/ML ES	25X2ML P		25X2ML P	1.04		7.60	70.0	15.2	
3 10321/1	315010	000141233143	3CT GENTAMICIN INJ 40MG VL	25 10X20ML P		10X20ML P	10.41		8.41	91.9	23.2	
3 10325/1	377089	00074653301	1CT VANCOMYCIN 1GM FL3PTP VIAL	.50 P		.50 P	17.73		65.83	62.7	65.81	
4 10326/1	488577	00360246693	4CT CEFAZOLIN INJ 1GM SCH	10X10ML P		10X10ML P	58.90		105.86	81.0	423.41	
4 10321/1	024280	00074190607	1CT SODIUM CHL INJ .9% BACT	25X2ML P		25X2ML P	.55		4.56	66.0	6.51	
5 10344/1	154393	00364653056	30EA DIPHENHYDRAMINE INJ 10MG SCH	30X1ML P		30X1ML P	4.75		2.68	43.6	60.41	
5 10326/1	505723	000260030401	10EA EPIPEN AUTO INJECTOR	10X1 P		10X1 P	29.54		24.92	15.6	149.51	
5 10321/1	202212	00074113270	10CT NEPARIN-LCK-FLON 100U ADRENALIN	30ML P		30ML P	.53		9.92	57.3	9.92	
5 10344/1	539312	00268464674	30EA LEUCOVORIN CALC INJ 100MG VL	LED P		LED P	39.41		4.81	57.0	144.38	
5 10326/1	533267	000505464577	50EA LEUCOVORIN CALC INJ	LED 10 P		LED 10 P	127.94		29.04	95.5	1000.50	
5 10329/1	447235	00074400020	1CT SODIUM CHL .9% VL	ADM 25X2ML P		ADM 25X2ML P	.60		3.57	67.2	3.57	
5 10346/1	516203	00173044200	20EA ZOTRAN INJ	SLX-20ML P		SLX-20ML P	214.00		101.30	15.6	2000.00	
6 10351/1	580403	00268030201	10EA EPIPEN AUTO INJCTR JR	.15ML P		.15ML P	29.54		24.92	15.6	373.80	
7 10326/1	343707	00013034010	8CT NEUROGEM 300MG/ML VL	8X1ML P		8X1ML P	R 206.00		1032.01	17.0	3728.02	
8 10321/1	705046	00106119935	10CT N-V I-10 UNIT VIAL SDV	ADM 250 P		ADM 250 P	R 2.00		31.19	53.2	511.30	
9 10321/1	705046	00106119935	10CT N-V I-10 UNIT VIAL SDV	ADM 250 P		ADM 250 P	R 2.00		31.19	53.2	511.30	
10 10321/1	705046	00106119935	10CT N-V I-10 UNIT VIAL SDV	ADM 250 P		ADM 250 P	R 2.00		31.19	53.2	511.30	

= Not listed in 1994 Red Book

087753

DEA ID. #FD153896

4501 CAROLINA AVE-F
RICHMOND, VA. 23222
PHONE (804) 228-2800

CAREMARK BRANCH 006C
3701 CONCORD PKY STE 800
CHANTILLY VA 22021

125-001

COPY TO CUSTOMER SERVICE
ORIG & COPY W/MERCHANDISE

CLOSED FOR JULY 4TH-NO MON DELIVERIES-REG DELIVERIES ON TUES

AMED37 BC1452692 06/30/94

003223 6C-07213

BOX NO	DEPT.	ITEM NO	PCN/UPC NO	QTY U/S	DESCRIPTION	CODE	DEA	LIST/RETAIL	UNIT COST	G.P. %	EXTENDED
++ 103 11/		705946 00186119928	10CT N V I 12 UNIT VIAL SDV	AST 250 PG	R	2.66	31.15	53.0	311.54		
++ 103 11/		091504 00540652400	20CT CALCIUM GLUC VL 10X INJ 12X100ML PG	(No file)	6.86	23.70	71.2	474.04			
++ 103 11/		603100 00074339702	10G CENOLATE AMP 1GM	10002ML PG	R	62.50	50.65	19.0	50.65		
++ 103 11/		406352 00074405101	2CT CLINDAMYCIN 600MG SDV ADD 25X4ML PG	4.40	43.46	61.2	41.00	41.00	41.00		
++ 103 11/		332346 00074419701	10EA CLINDAMYCIN 96H VL	ADD 60ML PG	59.57	22.59	62.1	330.85			
++ 103 11/		300850 00033290348	40CT CYTOVENE INJ 500MG STER PWD 250 P		34.81	734.43	15.62	9377.29			
++ 103 11/		530728 00069030101	34EA EPIDEM AUTO INJECTOR	.3ML P	39.34	34.92	15.0	528.00			
++ 103 11/		315119 00186199601	4CB POSCAVIR IV 24MG/ML AST 12X500ML PG		1751.10	1404.87	19.0	5617.45			
++ 103 11/		520698 00074115170	10CT HEPARIN LCK FLUSH SOL 10U 25X30ML PG		.80	8.87	53.7	50.70			
++ 103 11/		288212 00074115270	10CT HEPARIN LCK FLUSH 100U ADD 25ML PG		.92	9.92	57.3	52.00			
++ 103 11/		523387 00006464577	10EA LEVOCETIRISIN 50MG 30X200MG LED 10 PG		137.94	29.01	82.5	2914.49			
++ 103 11/		555540 00517821023	12CT MULTITRACE S CONC NDV AR 25X10ML PG		6.00	42.55	71.6	519.00			
++ 103 11/		341529 53513034710	40CT NEUPOGEN 300MCG/ML VL	10X1ML P	R	141.00	1170.02	17.04	19509.00		
++ 103 11/		343707 58513034010	8CT NEUPOGEN 300MCG/ML VL	10X1.0ML P	R	386.98	1040.00	13.44	4483.20		
++ 103 11/		491223 58179002030	1CB NEUTROGEN INJ 250MG 2X250 P		2123.00	1722.10	19.0	1722.10			
++ 103 11/		725416 00015321530	10EA PARAPLATIN INJ 450MG SDV	10 P	676.54	368.02	15.9	3688.20			
++ 103 11/		725390 00015321330	20EA PARAPLATIN INJ 500MG SDV	10 P	75.19	62.21	15.9	1244.20			
++ 103 11/		071787 00003073331	SCT PENICIL G POT 1000000U 00100 PG		7.50	34.41	54.6	172.05			
++ 103 11/		150530 00074665305	20CT POTASS CHL INJ 40MG VL 25X5ML PG		.83	5.07	75.6	101.46			
++ 103 11/		339784 00074729291	20CT POTASS PWD 40MM PLIPTOP 25X5ML PG		1.39	8.47	75.6	103.46			
++ 103 11/		5207691 52076921191	10ST PROSET 1000IU/ML VL	4X1ML PG	R	114.02	812.67	20.1	16314.72		

089755

DEA NO. RF01656

4691 CAROLINA AVE-F
RICHMOND, VA 23222
PHONE (804) 228-2800

CAREMARK BRANCH 996C
3701 CONCORD PKY STE 996C
CHANTILLY VA 22021

125-081

COPY TO CUSTOMER SERVICE
ORIG & COPY W/MERCHANDISE

CLOSED FOR JULY 4TH-NO MON DELIVERIES-REG DELIVERIES ON TUES

ARE03T DC1452692 106/39/94

003223 EC-07213

ITEM NO.	DEPT. NO.	ITEM NO.	MOQ/UPC NO.	QTY U/S	DESCRIPTION	CODE	DEA	LIN/RETAIL	UNIT COST	G.R.%	EXTEND
00 10334/1 405596	39070030301	SCT PROGRIT 3000U/ML VL	6X1ML PG	R	38.02	164.11	24.1	1312			
00 1034/1 009274	00074329905	SCT SODIUM ACETATE 250G/ML	25X50ML PG		4.11	21.53	79.1	107			
00 1035/1 009522	00074329906	10CT SODIUM ACETATE 250G/ML	25X100ML PG		3.63	43.05	53.0	430			
00 1034/1 031930	00074106607	10CT SODIUM CHL INJ	.02-BACT 25X30ML PG		.53	4.56	64.0	520			
00 1035/1 0133888	00074000025	10CT SODIUM CHL INJ	.02 USP 25X10ML PG		.49	4.36	64.4	434			
00 1036/1 070045	00074114101	10CT SODIUM CHL 23.4% XPLTP	AB005X50ML PG		2.63	12.66	82.1	126			
00 1037/1 319517	00074113002	ECB SODIUM CHL 23.4%	AB012X250ML PG		93.69	30.39	67.5	60			
00 1035/1 277020	00024652201	10CT VANCOMYCIN 1GM	FLSRTP-VIAL 100 PG		17.73	65.05	62.9	650			
00 10339/1 013342	00074650901	100EA VANCOMYCIN 5GM	BLK VL	AB016 PG	53.02	32.29	40.0	3229.1			
00 10316/1 454900	00517611025	4CT ZINC OIL INJ	AR 25X10ML PG		2.65	7.96	88.0	31.1			
00 1034/1 910305	00173044200	40EA ZOPRAM 2MD	BLK 20ML PG		214.05	101.30	15.0	7250.4			
		480001 VIRGINIA ST TAX	.00 RX								.0
		480143 HENRICO CO TAX	.00 RX								.0